TO BE FILED IN THE COURT OF APPEAL

JV-810

COURT OF APPEAL,	_ APPELLATE DISTRICT, DIVISION	Court of Appeal Case Number: Superior Court Case Number:
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FAX NO. (Optional):	
APPELLANT:		
RESPONDENT:		
RECOMMENDATION FOR APPOINTMENT OF APPELLATE ATTORNEY FOR CHILD (California Rules of Court, Rule 5.661)		

INSTRUCTIONS—READ CAREFULLY

- Read the entire form before completing any items.
- This form must be clearly handprinted in ink or typed.
- Complete all applicable items in the proper spaces. If you need additional space, add an extra page and check the "Additional pages attached" box on page 2.
- If you are filing this form in the Court of Appeal, file the original and 4 copies.
- If you are filing this form in the California Supreme Court, file the original and 10 copies.
- A copy must be served on the local district appellate project.
- Notify the clerk of the court in writing if you change your address after filing your form.

Individual Courts of Appeal or the Supreme Court may require documents other than or in addition to this form. Contact the clerk of the reviewing court for local requirements.

	APPELLATE CASE TITLE:	APPELLATE CASE NUMBER:		
1.	Trial counsel, court-appointed guardian ad litem for the child under rule 5.662, or the cha. Name: b. I am the trial counsel guardian ad litem child c. Address:	nild in the above-captioned case:		
	d. Telephone number:			
2.	I recommend that an appellate attorney be appointed for the child in this case.			
3.	The child's best interests cannot be protected without the appointment of counsel on a that apply): a.	the interests of any respondent. the trial court. understand the nature of the or her siblings, and an issue has ositions. ne child's inheritance rights, educational atment, or tribal membership. ne juvenile court's judgment under o reversal of the juvenile court's riefs, believes that the legal arguments the best interests of the child.		
I de	State the facts that support your recommendation: clare under penalty of perjury under the laws of the State of California that the foresters that are stated on my information and belief, and as to those matters, I believe then e:	·		
	(TYPE OR PRINT NAME)	(SIGNATURE OF APPLICANT)		

			JV-810
	APPELLATE CASE TITLE:		APPELLATE CASE NUMBER:
L			
	PROOF OF	SERVICE	
de pe pla of	served a copy of the foregoing Recommendation for Appointmentation acopy to the person served, OR by delivering a copy to erson served and thereafter mailing a copy by first-class mail to the acing a copy in a sealed envelope and depositing the envelope of business for same-day collection and mailing with the United Stadily familiar:	a competent adult at the ne person served at the lirectly in the United Stat	e usual place of residence or business of the place where the copy was delivered, OR by tes mail with postage prepaid or at my place
1.	Respondent court a. Name and address:		
	b. Date of service:c. Method of service:		
2.	District appellate project a. Name and address:	a. Name and address:	:
	b. Date of service:c. Method of service:	b. Date of service:c. Method of service:	
3.	Child (if 10 years of age or older) a. Name and address:	Child's trial counsel (if a. Name and address	trial counsel is not submitting this request)
	b. Date of service:	b. Date of service:c. Method of service:	

c. Method of service: